

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2003 8:00 am**  
**Secretary of State**

07-18-2003 90074 003 \*\*\*550.00

0109648 AV

**DOCUMENT # P99000079540**

1. Entity Name

**PATRIOT TITLE, INC.**



Principal Place of Business  
**2027 MCGREGOR BOULEVARD  
FORT MYERS FL 33901**

Mailing Address  
**2027 MCGREGOR BOULEVARD  
FORT MYERS FL 33901**



2. Principal Place of Business

**1820 Colonial Blvd.**

3. Mailing Address

**2030 McGregor Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 101**

City & State

**Fort Myers, FL**

City & State

**Fort Myers, FL**

Zip

**33907**

Country

**USA**

Zip

**33901**

Country

**USA**

4. FEI Number

**65-0947694**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FINK, MICHAEL G  
2030 MCGREGOR BOULEVARD  
FORT MYERS FL 33901**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**7-13-03**

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **FINK, MICHAEL G**  
STREET ADDRESS **2030 MCGREGOR BOULEVARD**  
CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE **VSTD** ☐ Delete  
NAME **LEONARD, MICHAEL W**  
STREET ADDRESS **2027 MCGREGOR BOULEVARD**  
CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-13-03**

**239-332-8485**

Date

Daytime Phone #

CR2E034 (4/03)

Attachment  
90144396

## Bill Payment Stub

Check Date:	7/14/2003
Check No.:	13841
Check Amount:	550.00

Patriot Title, Inc.  
2030 McGregor Blvd.  
Fort Myers, Florida 33901-3409

Paid To: Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Date	Type	Reference	Original Amt.	Balance	Discount	Payment
7/1/2003	Bill	P99000079540	550.00	550.00		550.00

Check Amount

550.00